Case 4:03-mi-01772-CBSD AUTHORN MEPTY COURT FIRE ON 12/01/2003 Page 1 of 1

	AX 2. PERSON REPRESENTED Doe, John						VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER 4:03-001772-001			4. DIST. DKT./E	DEF. NUMBEI	S. APPI	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT				ATEGORY		9. TYPE PERSON REPRESENTED		10. REPRESENTATION TYPE _(See Instructions)		
U.S. v. Doe Felony						Adult Defendant Criminal Case				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1542.F FALSE STATEMENT IN APPLICATION/USE OF PASSPORT										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS WALL, JOHN One Commercial Wharf West Boston MA 02110 Telephone Number: (617) 742-9096 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instruction)					Prior At App Beca otherwise (2) does in attorney or Othe Signal Repaym	☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney ☐ P Subs For Panel Attorney ☐ Y Standby Counsel Prior Attorney's Name: Appointment Date: ☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case,				
Omen arks 7	le le primer de la la descripción de la	Caldini II. indula esceribration i	e dia ana arranta di mantana di di dia na Astro		HOUDS	TOTAL	матн/тесн	MATI	І/ТЕСН	allian na araban na matana arabahan b
	CATEGORIES (Attack	itemization of se	ervices with dates)		HOURS CLAIMED	AMOUNT CLAIMED	ADJUSTED HOURS	ADЛ	USTED DUNT	ADDITIONAL REVIEW
15.	a. Arraignment and	or Plea								
	b. Bail and Detentio	n Hearings								
	c. Motion Hearings									
I n	d. Trial									
С	e. Sentencing Hearin		-							
0 11	f. Revocation Hearin									
r	g. Appeals Court						a mener			
ı i	h. Other (Specify on additional sheets)								and all the	
	(Rate per hour = S) TOTALS:									
16.	a. Interviews and Co									
ų O	b. Obtaining and re									
	c. Legal research an									
ť	d. Travel time									
Cou	e. Investigative and									
Ī	e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$) TOTALS:									
17.	Travel Expenses		g, meals, mileage, e	9000	a grandenia serie grandenia					
18.	Other Expenses		rt, transcripts, etc.)							
				1117,1811						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO							ENT TERMINATION THAN CASE COMPLI		21. CA	SE DISPOSITION
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date:										
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVI						EXPENSES 26. OTHER EXPENS		27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE	DATE 28a. JUDGE / MAG. JUDGE C			/ MAG. JUDGE CODE
29.	IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL					S 32. OT	32. OTHER EXPENSES 33. TOTAL AMT. APPROVED			AMT. APPROVED
34.	SIGNATURE OF CHIEF approved in excess of the state	DATE	DATE 34a. JUDGE CODE			GE CODE				